Department of Health and Hospitals Newborn Eligibility System
User Manual

Revised: August 2008

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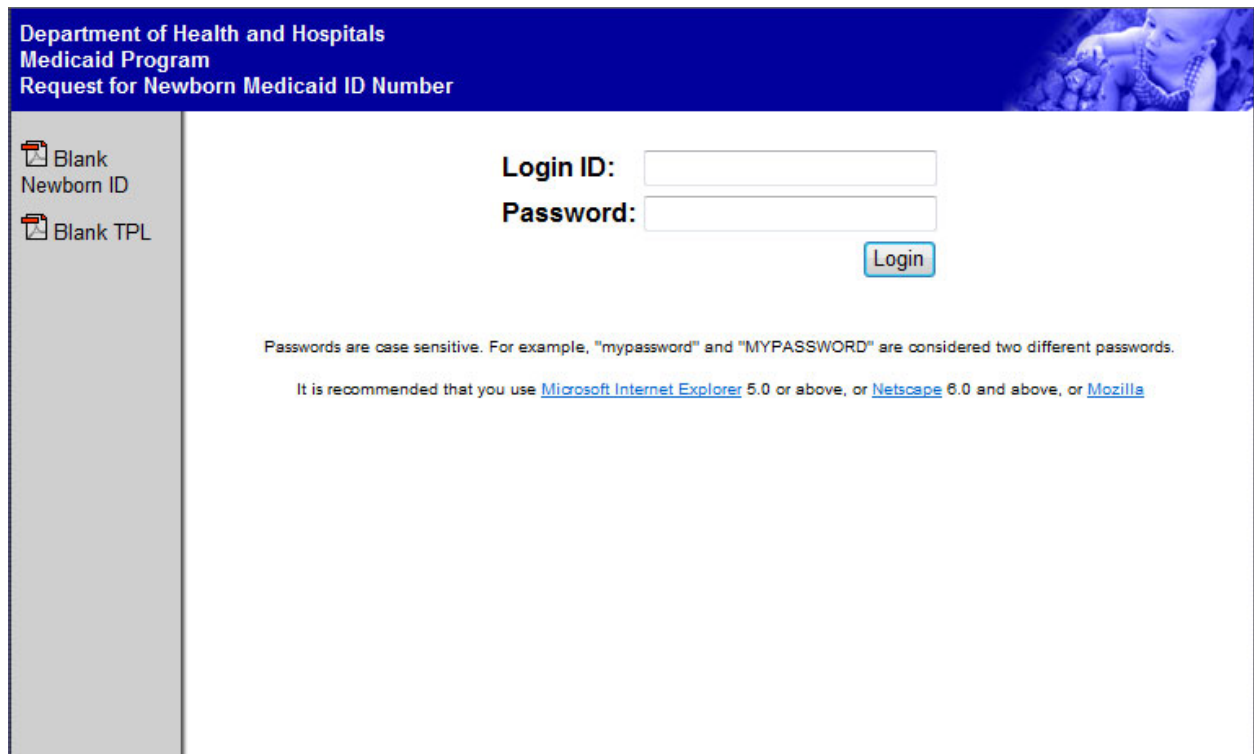
DHH Newborn Eligibility System

Login Process

The login process is very simple. Enter a valid ID and password to gain access to the DHH Newborn Eligibility System. The Login ID is entered into the Login ID field provided, and then the password. The password will appear as a series of hidden characters to prevent unauthorized persons from viewing the actual password.

Once both Login ID and password are entered, either click the login button or press enter. If any information is incorrect or invalid, you will be returned to the login screen and will be prompted to correct it before you may continue.
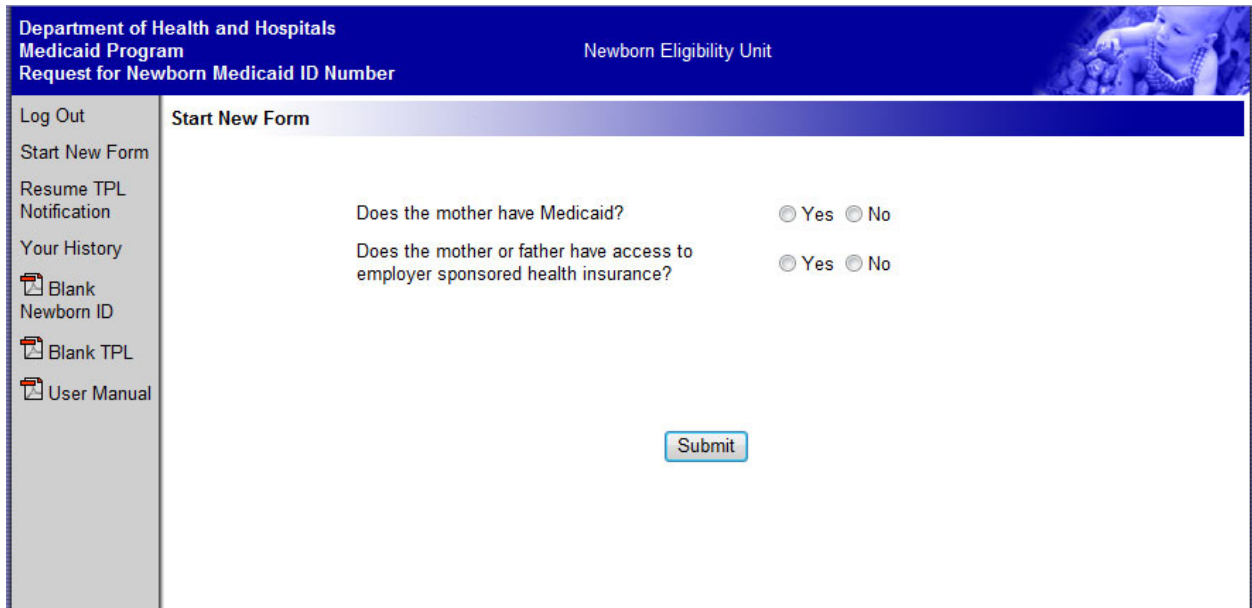

Start a new form

After completing the login process the user is prompted to answer two questions about the mothers Medicaid eligibility and the status of insurance for the mother or father.   These two questions must be answered based on the applicant's current information. The user will be directed to complete

the Newborn Eligibility ID Assignment Request and/or a Third Party Liability (TPL) Notification of Newborn Children based on information provided.

Login Questions

Does the mother have Medicaid?
Does the mother or father have access to employer sponsored health insurance?

Yes to Both Questions

When the answer is yes to both of these questions the user will be prompted to first complete a Newborn Eligibility ID Assignment Request form. Please refer to section 2.3 Newborn Eligibility ID Assignment Request form for directions on completion.

After successfully submitting a completed Newborn Eligibility ID Assignment Request form the user will be prompted to continue and complete a Third Party Liability (TPL) Notification of Newborn Children form.   The TPL Notification of Newborn Children form is identified as a TPL form. The user may choose to fill out the TPL Notification of Newborn Children form at this time or resume later if additional information is needed from the client or to notify someone in your hospital to finalize completion of this process.

No to the First Question, Yes to the Second Question

When the answer to the first login question is no but the answer to the second login question is yes the user will be prompted to complete a TPL Notification of Newborn Children form. Please see section 2.4 for directions to complete the TPL Notification of Newborn Children form.

Newborn Eligibility ID Assignment Request form

The Newborn Eligibility ID Assignment Request form provides a web interface for hospitals to quickly submit information to DHH. Each field is required to be answered before the form may be submitted.

Phone/Fax Fields

All fields which require phone numbers are setup to allow for quick entry. When entering a phone number, the system will automatically add in the appropriate formatting for the phone number. Each number should be in the format of 999 999-9999. the system will automatically jump from the area code to the main number once three characters are entered into the field.

Date Fields

All fields which require dates are setup to allow for quick entry. When typing a date, the system will automatically add in the appropriate formatting for the date. Each date should be in the format of MM/DD/YYYY.

Physician and Pediatrician Information Areas

Because the information in the Physician and Pediatrician fields may often be the same as the hospital's information, you may click the Use Hospital button above each area to quickly fill in the fields with the information already available in the system.

Similarly, if the information for either is the same as the other (Pediatrician same as Pediatrician and vice versa), you may click the Copy button above each area to copy the information already entered on the web page.

Doctor Auto-Fill

The system may have some of the doctors you commonly use predefined in the system. If there are any, they will be listed in the Find Doctor area for each associated doctor. Simply select the name of the doctor you wish to use; there will be small pause while the system retrieves the corresponding information.

Once the information is populated on your form, you may change it if necessary to reflect the specific needs for this filing. Any changes you make will only be associated for the current filing.

Additional Providers Information Areas

Because the information in the Additional Providers fields may not be used for every filing, the fields will be hidden by default. To enter information in these fields, click the Include Additional Providers check box and the fields will be displayed.

If the check box is not checked, then the fields will be hidden and any data already entered into them will not be submitted with the filing. The check box must be checked for any Additional Provider data to be submitted with the filing. Once data is entered into any field for an additional provider, the rest of the fields for that provider will become mandatory.

Complete Screen

Once all the required fields have been filled in and the form has been submitted, the user will receive a message that the Newborn Eligibility ID Assignment Request form has been successfully submitted.

If it was not successful for any reason, they will be returned to the input page to correct the problem.

The user will be given the option to continue to complete the Third Party Liability (TPL) Notification of Newborn Children form or resume later.

To resume completion of the Third Party Liability (TPL) Notification of Newborn Children later simply click the "Resume TPL" link in the left menu and select the form you wish to resume.

Department of Health and Hospitals
Medicaid Program
Request for Newborn Medicaid ID Number

Newborn Eligibility Unit

Log Out
Start New Form
Resume TPL Notification
Your History
Blank Newborn ID
Blank TPL
User Manual

152N has been successfully submitted. Press Continue to fill out the LaHipp form.

In accordance with the Department of Health and Hospitals, Third Party Liability-Newborn Notification Rule, the TPL Notification of Newborn Child(ren) form **shall be completed by the hospital and submitted within seven days of the birth of a newborn child.**

[Continue]   [Resume Later]

If for some reason the user needs to correct information on the filing just submitted, they may click the back button and the previously entered data will be displayed on the screen, including the mother and child's information. It is important that this only be done to correct the previous filing and then resubmit. If the user is submitting a correction, they need to be sure to click the "2nd Request" option in the Child / Birth Information section to help identify updated filings.

NO

Child / Birth Information

Special Notes   ☐ Twin A   ☐ 2nd Request   Other:
                ☐ Twin B   ☐ Corrected Copy
                ☐ Adoption ☐ NICU

Child's Name

Child's DOB

Third Party Liability (TPL) Notification of Newborn Children Form

TPL Notification Input Screen

The TPL Notification of Newborn Children Input Screen like the Newborn Eligibility ID Assignment Request Input Screen provides a web interface for filling out the TPL Notification of Newborn Children form quickly by individual hospitals that have access to the system. Each field indicated in red is a required field. The user will notice that some fields already populated on the completed Newborn Eligibility ID Assignment Request form will automatically populate.

Hospital Information

Hospital information may populate via information completed on the Newborn Eligibility ID Assignment Request form. Phone/fax fields are setup to allow for quick entry. Date fields require MM/DD/YYYY format. The Hospital Name, Contact Person and Phone Number are required.

Mother's Information

Some information on the mother will populate via the information already supplied on the Newborn Eligibility ID Assignment Request form. The user should verify populated information

for accuracy and update accordingly. Required information in this section includes whether the mother is currently covered by Medicaid or not and whether she will enroll the newborn into the available employer sponsored health insurance plan. Enrollment within many employer sponsored health plans must occur within thirty days of birth therefore accurate contact information is extremely important.

Mother's Information

Name	
Date of Birth	SSN
Mailing Address	
City, State Zip	LA
Phone Number	
Is the mother covered by medicaid?	⊙ Yes ○ No Applied? ○ Yes ○ No Date Applied
Will you enroll your newborn in your employer sponsored insurance plan?	○ Yes ○ No

Mother's Employment

Employer	
Telephone #	

Father's Information

The father's name is the only required information within this section. The father can be the policyholder for the private insurance. Enrollment of the newborn within the employer sponsored health insurance may need to occur within thirty days of birth therefore accurate contact information is extremely important.

Newborn Information

Some information on the newborn(s) will automatically populate via the information supplied on the Newborn Eligibility ID Assignment Request form.   The user should verify the accuracy of the newborn(s) name (first, last), date of birth, birth-weight (lbs, oz), and sex. Other information in this section needing verification includes whether the newborn(s) is adopted, NICU or multiple births.   Accurate birth-weight in pounds and ounces is extremely important.

Insurance Plan Information

Hospitals are required to notify the Department of Health and Hospitals within seven days of the birth of any child who may meet eligibility provisions for the Medicaid Program. It is imperative that accurate information is obtained regarding insurance availability for the newborn child due to time constraints for enrollment within the insurance. Verification of insurance coverage for the mother is required. The following information pertaining to the insurance coverage for the

mother is also required. The name of the insurance company, address, phone number and the member and group number are all required.   Primary and secondary (if applicable) plan information must be obtained. All required fields must be completed before successfully submitting the TPL Notification.

Health Insurance - Primary Plan

Is mother covered under any health insurance coverage?   ⊙ Yes ○ No
(If the parent(s) have more than one insurance plan, please provide information related to the second plan below.

Name of Insurance Company	
Address	
City, State Zip	
Group No.	Member No.
Phone	

The Mother is the: ○ Employee ○ Dependent Spouse ○ Individual Policy Holder

Health Insurance - Secondary Plan

Name of Insurance Company	
Address	
City, State Zip	
Group No.	Member No.
Phone	

The Mother is the: ○ Employee ○ Dependent Spouse ○ Individual Policy Holder

Insurance Notification

Provide us with the address and name of person the insurance company that this notification will be mailed to:

Company Name	
Contact Name	
Address	
City, State Zip	
Email Address	
Fax Number	

Submit

Complete Screen

Once all the required fields have been completed and the form has been submitted, the user will be able to view or print the completed form. To view the completed form, the user may click on the "Click here to view the completed form" link on the success page. The form will be displayed as a PDF (Portable Document Format). In order to view PDF's, the user must have Adobe Acrobat Reader installed on the local machine. The latest version of Acrobat Reader can be downloaded for free at:
http://www.adobe.com/products/acrobat/readstep2.html

The user can also click on the "Click here to start a new form". This link will take you back to the Start Form page.

Resume TPL Notification

This section allows you to resume the TPL process after you completed the Newborn Eligibility ID Assignment Request process. You can resume the form by clicking on the number in the open column.

Your History

This section allows you to review previous month's worth of filings. Simply click on the view link next to the filing information to view.

Questions or Comments

Please submit any questions or comments that you may have regarding this system to the following: 1-888-342-6207